

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

STD 262 (REV 10/92)

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| | | | | | | | | |
|---------------------------------|--|--|--|--|--|---|--|--|
| CLAIMANT'S NAME Billie Greer | | | SSAN OR EMPLOYEE NUMBER | | | DEPARTMENT Governor's Los Angeles Office | | |
| POSITION Director | | | CB/ID NUMBER | | | DIVISION OR BUREAU Los Angeles | | |
| RESIDENCE ADDRESS | | | HEADQUARTERS ADDRESS 300 South Spring Street, Suite 16701 | | | INDEX NUMBER | | |
| CITY Los Angeles | | | STATE CA | | | ZIP 90013 | | |

| MONTH/YEAR 12/09 | | LOCATION WHERE EXPENSES WERE INCURRED | LODGING | MEALS | | | | INCIDENTALS | TRANSPORTATION | | | | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY |
|-------------------------------|----------|---|---------|-----------|-------|--------|-------------------|-------------|----------------|-------------------------------|--------------------------|--------|---------------------|------------------------------|
| DATE | TIME | | | BREAKFAST | LUNCH | DINNER | COST OF TRANS. | | TYPE USED | CARFARE, TOLLS, PARKING | PRIVATE CAR USE MILES | AMOUNT | | |
| 01-Dec | 9:00 AM | Los Angeles | | | | | | | | 6.00 | 2 | 0.89 | | 6.89 |
| 03-Dec | 5:00 PM | Los Angeles | | | | | | | | | 8 | 3.56 | | 3.56 |
| 04-Dec | 11:00 AM | Los Angeles | | | | | | | | 10.00 | 36 | 16.02 | | 26.02 |
| 08-Dec | 7:00 PM | Rolling Hills Estates | | | | | | | | | 50 | 22.25 | | 22.25 |
| 11-Dec | 8:00 PM | Los Angeles | | | | | | | | 6.60 | 2 | 0.89 | | 7.49 |
| 15-Dec | 5:00 PM | West Los Angeles | | | | | | | | | 28 | 12.46 | | 12.46 |
| 16-Dec | 12:00 PM | Los Angeles | | | | | | | | 11.25 | 0 | 0.00 | | 11.25 |
| 18-Dec | 5:00 PM | Los Angeles | | | | | | | | | 26 | 11.57 | | 11.57 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| SUBTOTALS | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 33.85 | 152 | 67.64 | 0.00 | 101.49 |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | |
| CLAIM TOTAL | | | | | | | | | | | | | \$101.49 | |

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

12/1: Staffed GAS-carshow
 12/3: CHARO-Ltr./Ed.
 12/4: LAOIC-Remarks/Workplace Develp.
 12/8: J.Mitchell Recognition (LCC)-Remarks/Local Govt.
 12/11: Staffed GAS-S. Sample Award
 12/15: Regenerative Med. Inst.-recognized/Healthcare
 12/16: Intern-Bass Presser Read Out
 12/18: Staffed GAS-MLK Hosp.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240897

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

1-11-10

SIGNATURE OF OFFICER APPROVING TRAVEL AND REIMBURSEMENT

DATE

2/12/10

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE

2/17/10